

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/994/774
FILING DATE

APPLICANT'S

NAME

ADDRESS

CITY STATE ZIP

TELEPHONE

FAX

EMAIL

TELETYPE

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

PTO-1360 (3-78)

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office